Availability: Classification:	The SCIM III is freely available in the following publication: Catz, A., Itzkovich, M., et al. (1997). "SCIM-spinal cord independence measure: a new disability scale for patients with spinal cord lesions." Spinal Cord 35(12): 850–856. Supplemental-Highly Recommended: Spinal Cord Injury (SCI) Exploratory: SCI-Pediatric (up to 18 years)
Short Description of Instrument:	Construct measured: Function, Activities of Daily Living Generic vs. disease specific: Disease specific Intended respondent: The measure was developed as a performance measure but has also been used in an interview (with participant) and self-report format. # of items: 19
Comments/Special instructions:	Scoring: The most recent version of the SCIM (SCIM III) is comprised of 19 items in three sub-scales, which are 1) self-care (6 items, sub-score 0–20), 2) respiration and sphincter management (4 items, sub-score 0×40), and 3) mobility (9 items, sub-score 0–40). The total score ranges from 0–100. Mobility is sub-divided into "room and toilet" and "indoors and outdoors". The items are weighted in terms of their assumed clinical relevance.
	Background: The SCIM is an SCI specific measure of basic functional independence. The SCIM III is scored by observation or interview. A self-report version (SCIM-SR) of the SCIM III has been validated in German (Fekete et al. 2013). There is no training manual as instructions are on the worksheet. However, it has been recommended that a reference manual be developed to describe how to score variable situations.
	SCI-Pediatric-specific: There are no reported psychometric studies of the SCIM-III with youth with SCI. A current multi-center study is under way.

Rationale/ Justification:

Psychometric Properties: This test has undergone extensive psychometric testing in SCI.

Reliability: Internal consistency (Cronbach's a=0.77-0.91); Inter-rater reliability for SCIM total (ICC=0.956), for the subscales: self-care (ICC=0.941), respiration/sphincter (ICC=0.844), mobility in the room (ICC=0.961), mobility indoors/outdoors (ICC=0.945).

Validity: Correlation of the SCIM III with the FIM (Pearson's r=0.779-0.91).

Responsiveness: When comparing the ability to detect a 1-point change from admission to discharge, the SCIM-III detected more numerous changes than FIMTM in 3 of the 4 areas; self-care, respiration and sphincter management, and mobility indoors and outdoors, but NOT mobility in the room and toilet. The differences between the 2 scales' responsiveness to changes are not statistically significant. Floor/ceiling effects: Ceiling effects have been observed in 3 items, floor effects have been observed in 11 items.

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Catz, A., Itzkovich, M., Agranov, E., Ring, H., & Tamir, A. (1997). SCIM--spinal cord independence measure: a new disability scale for patients with spinal cord lesions. Spinal Cord, 35(12), 850–856.

Reliability and Validity:

Anderson, K. D., Acuff, M. E., Arp, B. G., Backus, D., Chun, S., Fisher, K., . . . Zanca, J. M. (2011). United States (US) multi-center study to assess the validity and reliability of the Spinal Cord Independence Measure (SCIM III). Spinal Cord, 49(8), 880–885.

Bluvshtein, V., Front, L., Itzkovich, M., Aidinoff, E., Gelernter, I., Hart, J., . . . Catz, A. (2011). SCIM III is reliable and valid in a separate analysis for traumatic spinal cord lesions. Spinal Cord, 49(2), 292–296.

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References:

Responsiveness:

Anderson, K. D., Acuff, M. E., Arp, B. G., Backus, D., Chun, S., Fisher, K., . . . Zanca, J. M. (2011). United States (US) multi-center study to assess the validity and reliability of the Spinal Cord Independence Measure (SCIM III). Spinal Cord, 49(8), 880–885.

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Itzkovich, M., Gelernter, I., Biering-Sorensen, F., Weeks, C., Laramee, M. T., Craven, B. C., . . . Catz, A. (2007). The Spinal Cord Independence Measure (SCIM) version III: reliability and validity in a multi-center international study. Disabil Rehabil, 29(24), 1926–1933.

Floor/Ceiling effects:

Ackerman, P., Morrison, S. A., McDowell, S., & Vazquez, L. (2010). Using the Spinal Cord Independence Measure III to measure functional recovery in a post-acute spinal cord injury program. Spinal Cord, 48(5), 380–387.

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